, , , , , , , , , , , , , , , , , , ,	Ca				ı - Campaig I legible. It sho		•	ge 1 of 14
Filer Identification		-	Report Filed I			Committee		Lobbyist
Number Name of Filing Comr Lobbyist	 mittee, Ca	ndidate or	(Markx) Friend	ls of L	'sa Fer	rick		
Street Address				Clark		<u></u>		
City	En	e		State	PΑ	Zip Code	16510	
Type of Report (Place	e x under i	report type)				120 - 200		
	2 <sup>nd</sup> Friday -Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
						X		
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report		Termination Report	$\overline{\mathbb{X}}$
Summary of Receipt Expenditures A. Amount Brought		From Date		6 51/2017		For	Office Use Only	
(From Schedule I) C. Total Funds Availa (Sum of Lines A and D. Total Expenditure (From Schedule III) E. Ending Cash Balan (Subtract Line D from F. Value of In-Kind C (From Schedule II) G. Unpaid Debts and (From Schedule IV)	B) iss ice in Line C) ontributio		8 - ( 8 - ( 8 - (	0-	oan for give actual mon	ey /		2010 JAN 30 PM 1:00
Part 1- If this is a Comm					ndidate sign here.			
I swear (or affirm) that Sworn to and subscribe			ched schedules o	in paper, is to the	Sam a	Mow	ws	ite.
Michael Signa	ture Z	jonala	_ ,		Signature A	of Person Subm MOU Printed Nam	<u>US</u>	_
	TH OMEENNS RIAL SEAL		<u>G</u>		rea Code		time Telephone Numb	er
art II- if this is a Perbet swear (or affirm) Fight mended HBUNCHEEK my Commission E Sworn to and subscribe	to rivelbest TWP, ERIE xpires May	of my knowled je COUNTY 26, 2019	Committee, cand and belief this po	didate shall sign h olltical committee	ere. has not violated an	y provisions of t	the Act of June 3, 1937	(P.L. 1333, NO.320) as
30n day of 12	Inkar Li Iture	1 20 18 Goods	- -		MISA 1 Lisa <sup>sig</sup>	nature of Candle K. Ferric Printed Name	nck date	
My Commission expires	<i>j</i> `	DAY YR.	_	_	81년 Area Code		73-805	<u>r</u>

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL

MICHELLE GONDA Notary Public HARBORCREEK TWP, ERIE COUNTY My Commission Expires May 26, 2019

Page 2 of 14

### SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor	F	
Total for the reporting period (1)	8	-0-
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	S	-0-
All Other Contributions (Part B)	\$	-0-
Total for the reporting period (2)	8	-0 -
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	-0-
All Other Contributions (Part D)	8	17,074. 14 (loan forgiveness-
Total for the reporting period (3)	8	17,074,14 (loan forgiveness-
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	8	17,074.14 (loan forgiveness-)

### PART A **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Number				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
Artista Programme					:
City		State	Zip Code	Date [MM/DD/YYYY]	11.
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	<b>. . .</b>
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing	, ,		Date [MM/DD/YYYY]	8.
House #	Street Address			Date [MM/DD/YYYY]	( % ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
					No. 2
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing		'	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	· 8
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	<b>8</b> -
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	<b>.8</b>
Full Name of Contributing Committee				Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City	Appella in the second	State	Zip Code	Date [MM/DD/YYYY]	8

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification	n Number:				
Full Name of Co	ntributør			Date [MM/DD/YYYY] 8	
House #	Street Address	•	<del></del> -	Date [MM/DD/YYYY] \$	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor	1 (con 2 con 4	Transcription of the second	Date [MM/DD/YYYY] \$	
				F-0.72	
House #	Street Address	\$		Date [MM/DD/YYYY] \$	
City	Marie Marie I (14 A Jack 1918) and Color	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
Hoùse#	Street Address	<b>S</b>		Date [MM/DD/YYYY] \$	
				(제한) 기타 (제한) 기타 (제한)	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	intributor		particle of the same of the sa	Date [MM/DD/YYYY] 8	i. ·
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY] 3	
City	是10%的基本是20%的基础。 第二条次表现是20%的基础。	State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Co	intributor		[1] 表示是某事的	Date [MM/DD/YYYY] 8	<del>-</del>
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Janaskon metaka terra	State	Zip Code	Date [MM/DD/YYYY] \$	

Page 5 of 14

## PART C Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

Filer Identification	Number:			
Full Name of	· · · · · · · · · · · · · · · · · · ·			E DAS ASTAM MAYON TANAVARIE ( ) ( )
Contributing Co	mmittee			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY]
		310 to		
Full Name of Contributing Co	mmittee	AND APPLY ST	po motore en la participa de la constante de l	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] 3
Full Name of Contributing Co	mmittee	CAR Sameway & Silk Ca	The state of the s	Date:[MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] 1
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City	Power majorace de proper para a person 4	State	.Zip Code	Date [MM/DD/YYYY] 3
Full Name of Contributing Co	mmittee.			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] &
City	To Sun Additional Control of the Con	State:	Zip Code	Date [MM/DD/YYYY] \$

### All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$
Timothy +Lisa Ferrick  House # 3030 Street Address  Clark Road	12/31/2017 ,17,074,14  Date [MM/DD/YYYY] & Ylow foraiver
3030 Clark food	(no actual mone
City Erie State PA Zip Code 16518	Date [MM/DD/YYYY] 3
Employer Name Millcreek Twp/None	Occupation Police officer lattorner
Employer Mailing Address / 3608 West 26th Street, Evie	
Full Name of Contributor	Date [MM/DD/YYYY] 8
House # Street Address	Date [MM/DD/YYYY] 3
City State Zip Code	Date [MM/DD/YYYY]
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] 8
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] 8
Employer Name	Occupation

Employer Mailing Address / Principal Place of Business

## PART E Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Numb				
are the second s	× a <sub>2</sub> (0, 2)			
Full Name				
House #	Street Address			
City s		State	Zip Code	Date [MM/DD/YYYY]   \$
Receipt Description		productions.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(20 n. 29)
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	<u></u>		
City 2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Page	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		19839A-08-0	12. 「公司、総名章(	
Full Name				
House #	Street Address	<del></del>		
City	The second state of the se	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	DES GARS	Processor angel	How to the Miller transfer on I	Proof.il
Full Name				
House #	Street Address			
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]   \$
Receipt Description		Forested and board group E	The state of the s	17-324
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description				

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
			પ્રત્યાદ અલ્ડ અલ્લાસ્થ્યા કર્યા હતું. 
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	7ALUE OF \$ 50:00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	8 -0 -	
2 IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$ 50.	.01 TO \$250.00 (FROM PART F)	(6, 15)
TOTAL for the reporting period	(2)	8 -0 -	
3. IN-KIND CONTRIBUTION RECE	AVED-VALUE OVER 8 2	250.00 (FROM PART G)	
TOTAL for the reporting period	(3)	8 -0 -	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			

Page 9 of 14

## SCHEDULE II PART F In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

				_	 
Filer Identification Number:					
gania i abilità del per la secono del como del			 		

Full Name of Contribute	jr.			Date [MM/DD/YYYY]	\$1.
Backer Calabratian				3.	
House # S	treet Address	·		Date [MM/DD/YYYY]	8.
				1	. Comments of the second of th
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribu	tion				
Full Name of Contribute				Date [MM/DD/YYYY]	
House #	treet Address			Date [MM/DD/YYYY]	
City	क्षेत्र व व स्टब्स्ट्राच्या है स्थानस्थाति । 	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribu	tion .				
Full Name of Contributo	) i	···		Date [MM/DD/YYYY]	
House #	treet Address		4 <del>-</del>	Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contribu	tion	•			
Full Name of Contributo	à <b>(</b>			Date [MM/DD/YYYY]	
House #	street Address			Date [MM/DD/YYYY]	
City		State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contribu					···
Full Name of Contribute	or				
House #	treet Address			Date [MM/DD/YYYY]	
City	· 如此所在於公司的 "我们是不是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribu	tion				

Page 10 of 14

# SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$ 250

	_,	 •	
Filer Identification Number:			
DESCRIPTION OF THE PROPERTY OF		 	

PARK THE ISSUE MISSION PROPERTY OF THE PARK	Comment State (Market Market State)		<u> </u>	
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] \$
	ISATI version (1.2.2.8.4075)			
City	Toping sagritus displicit	State	Zip Code	Date [MM/DD/YYYY] §
水水 原理 1.6. 5. 6.	. X 300000			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Employer Name			-	Occupation
Employer Mailir	ng Address / Principal	- V.		Description of
Place of Busines	<b>55</b>			Contribution
Full Name of Co	ntributor	. <u> </u>		Date [MM/DD/YYYY] \$
(110 P.)				Y   X   X   X   X   X   X   X   X   X
House #	Street Address			Date [MM/DD/YYYY] 8
				後 20 (表 20)   根 300
City	The College and the second sec	State	Zip Code	Date [MM/DD/YYYY] \$
\$ 1 m				
Employer Name				Occupation
Employer Maili Place of Busines	ng Address / Principal			Description of
LIACE OF BUSINES				Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
e-portugated (Sp. 199 Total Sp. 1918)				
House #	Street Address			Date [MM/DD/YYYY] \$
		Brown Course of	p	DSP MANDOWN OF
City		State.	Zip Code	Date [MM/DD/YYYY] \$
	nasa, esa com Albanag, esa concentrabada Cinavas, as comente cabi			Occupation
Employer Name				
Employer Maili Place of Busine	ng Address / Principal			Description of
				Contribution
Full Name of Co	ontributer			Date [MM/DD/YYYYY]
House #	Street Address			Date [MM/DD/YYYY] 8
City	がからまた。 では、1982年 日本	State	Zip Code	Date [MM/DD/YYYY] \$
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Employer Nam	C C C			Occupation
Employer Mail Place of Busine	ing Address / Principal			Description of
FIALG UI DUSIIIE		:		Contribution

Page 11 of 14

## Statement of Expenditures

Filer Identification Number:		
A. (1985年) 1985年 - 1985年		 
RANCES LINE DE L'ORIGINA (N. 1918), LE SOUR LE LA COUNTRE LE LE LA COUNTRE LA COUNTRE LE LA COUNTRE LA COUNTRE LE LA COUNTRE		 

To Whom Paid				Date [MM/DD/YYYY] \$
House #	OLE A LUI ELE			Description of Expenditure
nouse#	Street Address			
City		State	Zip Code	
To Whom Paid		The Constitution	1. Londan sand to 4.100.	Date [MM/DD/YYYY] \$
iji i Kali sali sa Kali sali sali sali sali sali sali sali s				
House #	Street Address			Description of Expenditure
City	1 2 1 4 22 cm - 1 cm - 1 cm - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		•	Description of Expenditure
City.		State	ZIP	ESPECIAL CONTROL OF THE PROPERTY OF THE PROPER
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		Code	Date [MM/DD/YYYY] 3
TO WHOTH FAIL				
House #	Street Address			Description of Expenditure
City		State	<b>Zip</b>	
			Code	Date [MM/DD/XYYY] 8
To Whom Paid				Pare (MM/DD/MHH)
House #	Street Address		<u> </u>	Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid			<del>-</del>	Date [MM/DD/YYYY] 3
House #	Street Address		<u> </u>	Description of Expenditure
		State	Zip	
City			Code	
To Whom Paic				Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
			Example 27 are 27 cd	
City		State	Zip Code	
To Whom Paid		Kee new Section April		Date [MM/DD/YYYY] S
er Vermiliën	Tage: See all a relieurs			Description of Expenditure
House#	Street Address			
City		State	Zip Code	
		821,545,785,7		

### SCHEDULE IV

### **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

10		SEC. NO.	2200	Marine Co.	Part Car	100	200
111	- 61	ели		(0) 101	uum	de r	155
6.		77 - Y		(国2) (基	1,000	100	
0.00	3133	Sec. 34	200	Mich Sale	4.00	MUK	91
	100	13	7.0	30		400	8:
	1.30	2.0					

Name of Creditor	10.00	- B	Estanding Balance of Debt
	Lisa R. ferrick	DATE DEBT INCURRED S	residinitie chialice of new
3030	Clark Road	[MM/DD/YYYY]	
City	300 S 700 S 70	02/01/2017	2,500.00
Description of Debt.	Ene	PA cade 16510	
	Loan to committee for	campaign purpos	ses
Name of Creditor	Lisa R. Ferrick		tstanding Balance of Debt
MARKET AND	eraddress Clark Road	DATE DEBT INCURRED S [MM/DD/YYYY]	
3030 (1)	State	04/05/2017	3,000.00
a productive and the	Ene	PA Code 16510	0,00
Description of Debt	Loan to committee for	- campaign purp	oses
Name of Ceditor	Lisa R. Ferrick	Y ¢ į	istanding Balance of Dabt
House # Stre	et Address	DATE DEBT INCURRED S	
3030	Clark Road	04/13/2017	1 ~~~ ~~
Gity	Erie	PA 21P 16510	2,000.00
Description of Debt	Loan to committee for	campaign purpos	es
Name/of/Greditor	Timothy + Lisa Ferrick		itstanding Balance of Debt
House# Sing		BAAAA	
	et Address	DATE DEBT INCURRED \$	
3030	Clark Road	[MM/DD/YYYY]	2000
	Clark Road	105/03/2017	2,000.00
3030	Clark Road  Frie		· _
Gity	Clark Road  Frie  Loan to connittee for	05/03/2017 PA code 16510 Campaign purpo	· _
City  Description of Debt  Name of Greditor	Clark Road  Frie	05/03/2017 PA code 16510 Campaign purpo	ses
City  Description of Debts  Name of Greditor  House # Stree	Clark Road  Erte  Loan to counsitee for  Timolhy + Lisa Ferrick	DATE DEBT INCURRED 5	SCS itstanding Balance of Debt
City  Description of Debt  Name of Greditor	Clark Road  Erte  Loan to counsitee for  Timolhy + Lisa Ferrick  er Address  Clark Road	DATE DEBTINGURRED S  OS/10/2017  PA RED 16510  CAMPAIGN PUMPO  DATE DEBTINGURRED S  IMM/DD/YYYYI  OS/10/2017	ses
Screen Street 3030	Clark Road  Erte  Loan to counsittee for  Timothy + Lisa Ferrick  eraddiess  Clark Road  Erie  State	DATE DEBTINGURRED S  MM/DD/XYYI  OS/10/2017  PA ZIP CODE 16510  CAMPATON PUMPO  OI  DATE DEBTINGURRED S  MM/DD/XYYI  OS/10/2017  PA ZIP CODE 16510	SES Itstanding Balance of Debt
City  Description of Debt  Name of Greditor  House # 3030  City  Description of Debt	Clark Road  Erte  Loan to counsittee for  Timothy + Lisa Ferrick  eraddress  Clark Road  Erie  Loan to counsittee for	DATE DEBTINGURRED SIMM/DD/XXXXI  PA ZIP  COMPATON PUMPOR  DATE DEBTINGURRED SIMM/DD/XXXXI  PA ZIP  Code 16510  CAMPATON PUMPOR  CAMPATON PUMPOR  CAMPATON PUMPOR  CAMPATON PUMPOR  CAMPATON PUMPOR  CAMPATON PUMPOR  COMPATON PUMPO	SES  Astanding Balance of Debt  1,950,00  OSES
City  Description of Debt  Name of Greditor  House # 3030  City  Description of Debt  Name of Creditor	Clark Road  Erte  Loan to counsitee for  Timothy + Lisa Ferrick  eraddress  Clark Road  Erie  Loan to counsitee for  Lisa R. Ferrick	DATE DEBT INCURRED SING/DO/MY	SES Itstanding Balance of Debt
City  Description of Debt  Name of Geditor  House # 3030  City  Description of Debt  Street  Amendment Creditor  House # Street	Clark Road  Erte  Loan to counsitee for  Timothy + Lisa Ferrick  eradices  Clark Road  Erie  Loan to counsitee for  Lisa R. Ferrick  eradices	DATE DEBT INCURRED  CAMPAIGN  PA  CODE  DATE DEBT INCURRED  S  SMM/DD/XYYYI  PA  CODE  DATE DEBT INCURRED  CAMPAIGN  PA  CODE  DATE DEBT INCURRED  CAMPAIGN  PA  CODE  DATE DEBT INCURRED  CAMPAIGN  CAMPAIGN  CAMPAIGN  CODE  DATE DEBT INCURRED  S  SMM/DD/XYYYII  CODE  CAMPAIGN  CODE  CAM	Ses  Itstanding Balance of Debt  1,950,00  CSeS  Itstanding Balance of Debt
City  Description of Debt  Name of Greditor  City  Description of Debt  Name of Creditor  House # 3030	Clark Road  Erte  Loan to committee for  Timothy + Lisa Ferrick  et Address  Clark Road  Erie  Loan to committee for  Lisa R. Ferrick  et Address  Clark Road	DATE DEBT INCURRED SOLD CAMPAIGN PUPPER TO SOLD TO SOL	SES  Astanding Balance of Debt  1,950,00  OSES
City  Description of Debt.  Name of Greditor  City  Description of Debt  Ame of Creditor  House # 3030  City  City  City	Clark Road  Erte  Loan to counsitee for  Timothy + Lisa Ferrick  eradices  Clark Road  Erie  Loan to counsitee for  Lisa R. Ferrick  eradices	DATE DEBT INCURRED  CAMPAIGN  PA  CODE  DATE DEBT INCURRED  S  SMM/DD/XYYYI  PA  CODE  DATE DEBT INCURRED  CAMPAIGN  PA  CODE  DATE DEBT INCURRED  CAMPAIGN  PA  CODE  DATE DEBT INCURRED  CAMPAIGN  CAMPAIGN  CAMPAIGN  CODE  DATE DEBT INCURRED  S  SMM/DD/XYYYII  CODE  CAMPAIGN  CODE  CAM	Ses  Itstanding Balance of Debt  1,950,00  CSeS  Itstanding Balance of Debt
Description of Debt.  Name of Greditor  House # 3030  City  Description of Debt  Name of Creditor  House # 3030	Clark Road  Erte  Loan to committee for  Timothy + Lisa Ferrick  et Address  Clark Road  Erie  Loan to committee for  Lisa R. Ferrick  et Address  Clark Road	DATE DEBT INCURRED SOLD PATE DEBT INCURRED SOLD PUTPOR PUTPOR PUTPOR PATE DEBT INCURRED SOLD PATE DEBT	Ses  Itstanding Balance of Debt  1,950,00  CSeS  Itstanding Balance of Debt  3,000,00

### **SCHEDULE IV**

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:		
Name of Creditor		Outstanding Balance of Debt
	Lisa R. Férrick  et Address  Clark Road  Lisa R. Férrick  DATE DEBT INCURRED  [MM/DD/YYYY]  10/03/2017  State PA Code 16510	2,000.00
Description of Debt	Loan to committee for campaign purpos	ses
Name of Creditor	Lisa R. Ferrick	Outstanding Balance of Debt
House # 3030 Stree	et Address  Clark Road  [MM/DD/YYYY]  11 03/2017  Erie State PA Gode 16510	300.00
Description of Debt	Loan to committee for campaign purp	00SCS
Name of Creditor	Lisa R. Ferrick	Outstanding Balance of Debt
House # 3030 Stre	et Address  Clark Read  Clark Read  State PA Code 16510	324.14
Description of Debt	Loan to committee for campaign purpose	
Name of Creditor		Outstanding Balance of Debt
House:# Stre	et Address    DATE DEBT INCURRED	
Description of Debt		pister I
Name of Creditor		Outstanding Balance of Debt
	DATE DEBT INCURRED [MM/DD/YYYY]	<b>3</b>
City is	State Zip Gode	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
	pet Address DATE DEBT INCURRED [MM/DD/YYYY]	<b>8</b>
City	Code	

### Commonwealth of Pennsylvania

### **CAMPAIGN FINANCE ANNUAL REPORT**

December 31, 2017

TO:

FRIENDS OF LISA FERRICK

FROM:

LISA R. FERRICK and TIMOTHY FERRICK

**REGARDING:** 

OUTSTANDING LOAN BALANCE TO THE COMMITTEE

Please accept this notification as forgiveness of the loan(s) we individually and/or collectively made to Friends of Lisa Ferrick during the year of 2017. The outstanding balance of the loan(s) is \$17,074.14, as outlined on Schedule IV Statement of Unpaid Debts of the Committee's Annual Campaign Finance Report. It is our stated intent to forgive Friends of Lisa Ferrick each of the individual loans to the committee that are outlined on Schedule IV Statement of Unpaid Debts of the committee's annual report.

This is being done in order for the treasurer of Friends of Lisa Ferrick to file the annual Campaign Finance Report and terminate the committee.

Respectfully Submitted,

Lisa R. Ferrick and Timothy Ferrick

#### AFFIDAVIT SECTION

I swear (or affirm) that to the best of my knowledge and belief the information contained in this letter is true and correct.

true and correct.	
Sworn to and subscribed before me this	
30 day of /apagy 20/8	Jisa R. Femit
	Signature of Person Submitting Letter
While transle	Lisa R. Fenrick
Signature Signature	Printed Name
	814 873-8051
NOTARIAL SEAL MO DAY YR	
MICHELLE GONDA  Notary Public  HARBONERE (OWN HARP) that to the best of my knowledge a	
My Commission Expirectly 26, 2019	
Sworn to and subscribed before me this	
30 day of January 20/8	Timoth P. Forrid
	Signature of Person Submitting Letter
Illubille Honole	Timothy P. Forrick
Signature C	Printed Name
COMMONWEALTH OF PENNSYLVANIA  My Communication of Pennsylvania	414 835- 242)
MICHELLE GONDA	· <del></del>
Notary Public MO. DAY YR.  HARBORCREEK TWP, ERIE COUNTY  My Commission Expires May 28, 2010	Area Code Daytime Telephone Number